Application or Docket Number

SMALL ENTITY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I

010482-52763-05

| | | | (Column 1) | | (Column 2) | | TYPE | TYPE | | OR SMALLENTIT | |
|--|--|---|---------------------------------------|--------------------------------|--------------|------------------|----------------|------------------------|------|---------------|------------------------|
| TOTAL CLAIMS | | | 15 | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | | | 15 minus 20= | | * 🛈 | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = * | | * 6 | | X42= | | OR | X84= | |
| MU | LTIPLE DEPEN | DENT CLAIM PF | RESENT | | | | +140= | | OR | +280= | _ |
| * If | the difference | in column 1 is | less than zero, enter "0" in column a | | | olumn 2 | TOTAL | | OR | TOTAL | 750 |
| CLAIMS AS AMENDED - PART II | | | | | | | l | | | OTHER | THAN |
| | O. | (Column 1) | | | | (Column 3) | SMALL | ENTITY | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X\$ 9= | | OR | X\$18= | |
| | Independent | * NTATION OF MI | Minus | *** | - CLAINA | - | X42= | | OR | X84= | |
| <u> </u> | FIRST PRESE | NTATION OF MI | JLIIPLE DEF | PENDENT | CLAIIVI | | +140= | | OR | +280= | · |
| | | TOTAL | - | OR | TOTAL | | | | | | |
| | | (0.1 | ADDIT. FEE | | 1011 | ADDIT. FEE | | | | | |
| | · · · · · · · · · · · · · · · · · · · | (Column 1) CLAIMS | | (Colur | | (Column 3) | , , | | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | F OL AINA |]= | X42= | i | OR | X84= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +140= | | | +280= | |
| | | | | OR | TOTAL | | | | | | |
| | | TOTAL ADDIT. FEE | | OR | ADDIT. FEE | | | | | | |
| | | (Column 1) | | (Colu | | (Column 3) | | | | • | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | | | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | T OL AINA | = | X42= | | OR | X84= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 1 | .000 | | |
| | If the entry in colu | mn 1 is less than t | he entry in colo | ımn 2. writ | e "0" in ca | lumn 3. | +140= | | OR | +280= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE | | | | | | | | | | | |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |